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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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PHISP Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	CHARLE CENTER
CONSERVATINE VICTORY INC				
	11111111			
ADDRESS (number and street)	51268 G Wi	HIGHSIOIN ILA	ME Sul	TE 32011
(Check if address is changed)	1/4.58	<u> </u>	<u> </u>	6 5000
	KENSITAGITON	9	الميكا اعد	6898-
	C	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)				
(Check if address is changed)	TREASURER Q CONSERVATI WETVICTOR MARYLAN			
	· 			
COMMITTEE'S WEB PAGE ADDRESS (URL)				
(Check if address is changed)	WWW. CONSERVATIVE VICTOR/MARYLANDORG			
2. DATE DESCRIPTION NUMBER C				
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.				
Type or Print Name of Treasurer RUTH MELSON				
Signature of Treasurer	Ruth 7,	Nelson	Date J.O	21 2011
NOTE: Submission of false, errorreours, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)